Sample SELF-ADMINISTERED Comprehensive Health Risk Profile

Name:_____ **Date:**_____

Date of Birth_____ **Age:**____ **Male**___ **Female**___ **Ethnicity:**_____ **SS #**_____

Please put a check mark by each sentence that applies to you. If you do not know the answer to a question, put a mark by it and someone will discuss it with you. Your answers to these questions will help your doctors and nurses design a preventive health care plan that will show you how to stay healthy and may keep you from having cancer, diabetes, or even a heart attack or stroke.

Please DO NOT write in the shaded areas.

Annual Assessment of Risk Factors	Health Indicator	Risk ?	Ed. T
1. **WEIGHT** ___I weigh more than I should for my height. ___**Does not apply to me.**	**Wt:** _____ **Ht:**_____ **BMI:**_____	**Y N**	
2. **BLOOD PRESSURE** ___I do not exercise for at least 30 minutes, on most days of the week. ___I or someone in my family has high blood pressure. Who?_____ ___**Does not apply to me.**	**Blood Pressure**_____/_____ **BP $140/90** ___**Moderate to extreme obesity**	**Y N**	
3. **CHOLESTEROL** (NCEP) ___I am over 20 yrs old and it has been over 5 years since my last **normal** test, **or** ___It has been more than 1 year since my last **abnormal** test. ___*I have high blood pressure, or ___*I smoke cigarettes or cigars. ___*I have diabetes (high blood sugar). ___*Someone in my family has heart trouble. Who?_____ Age at onset?___ ___**Does not apply to me.**	**Date last tested:** _____ **Total Chol:**_____ **>200mg/dL?** ___ **HDL:**_____ **2 or > risks for heart disease+** **[ ]*HDL <35 mg/dl** **[ ]*Male =>45 [ ]*Female =>55**	**Y N**	
4. **TOBACCO Use** ___I smoke or use tobacco now, or ___I have in the past. How much?_____ How long? _____ Type: **[ ]** Cigarettes **[ ]** Cigar or pipe **[ ]** Chewing tobacco/snuff ___**Does not apply to me.**	___**Not thinking about quitting?** ___**Thinking about quitting?** ___**Trying to quit?** ___**Has quit? When?**_____	**Y N**	
5. **DIABETES** (ADA) ___I had diabetes when I was pregnant or I had a baby weighing more than 9 lbs. ___I or someone in my family has diabetes. Who?_____ (Example: mother, father, sister, brother) ___**Does not apply to me.**	___**Triglycerides>250mg/dL** ___**HDL<35mg/dL** ___**High risk ethnicity** ___**45 years of age or older** ___**Overweight or** ___ **HTN**	**Y N**	
6. **IMMUNIZATIONS** (USPSTF) ___It has been more than 10 yrs since I had a tetanus shot or I have never had one. ___I have diabetes, or heart or lung problems. What:_____I am a health care worker, or I work in a jail or school. ___I have never had a Hepatitis (liver "infection") shot. ___I have never had Rubella (German "big red" Measles) or been immunized. ___**Does not apply to me.**	___ **>65 y/o** ___ **Female of child-bearing age** **Needed:** ___ **Pneumovax** ___ **Td.** ___ **Influenza (flu season)** ___ **Hepatitis B** ____ **MMR**	**Y N**	
7. COLORECTAL CANCER (ACS) ___Someone in my immediate family has had cancer of the rectum or intestine. Who?_____(ex. mother, father, sister, brother) ___*Age at onset less than 55? ___*I have/have had inflammatory bowel disease. ___**Does not apply to me.**	___ **>35y/o and >5yrs since colonoscopy and at least one risk factor*.** ___**50y/o, >1 yr since FOBT, or** ___**>5yrs since sigmoidoscopy**	**Y N**	

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8. **BREAST EXAM** by a doctor or nurse (female, ACS) ___I am 20-39 years old **and** it has been more than 3 years since my last exam . ___I am 40 years old or over, **and** it has been more than 1 year since my last exam. ___**Does not apply to me.**	**Date last CBE:**_____ _____ **Normal: Y N**	**Y N**	
9. **MAMMOGRAM** (female, ACS) ___I am over 40 years old, **and** it has been over 1 year since my last mammogram. ___**Does not apply to me.**	**Date last Mammogram:** _____ **Normal: Y N**	**Y N**	
10. **PAP SMEAR** (female, ACS) ___It has been 1 year or more since my last Pap test. ___**Does not apply to me.**	**Date last test:** _____ **Normal: Y N** **3rd consecutive normal? Y N**	**Y N**	
11. **PROSTATE CANCER** (male, ACS) ___I am 50 years old or older **and** it has been more than 1 year since my last test for prostate cancer. ___I am under 50 and it has been more than 1 year since my last test **and**: **[ ]** I am African American, **or [ ]** Someone in my family has prostate cancer. ___**Does not apply to me.**	**Date last PSA:** _____ **Result:** _____ **Date last DRE:**_____	**Y N**	
12. **HORMONE REPLACEMENT** (female) ___My mother had osteoporosis. ___ I went through menopause before age 40. ___I have started menopause **and** I do NOT take hormones. ___I do NOT take extra calcium and vitamin D every day. ___**Does not apply to me.**	___**High risk ethnicity** ___**Low body weight** ___**Sedentary lifestyle** ___**Hx. of excessive ETOH use**	**Y N**	
13. **TUBERCULOSIS (TB) INFECTION** (USPSTF) ____I live with, or spend a lot of time with, someone who has TB. ____I work in healthcare, a jail, or another place where a lot of people stay. ____I came to the U.S. within the past 5 yrs. from SE Asia, Africa or Latin America. ___**Does not apply to me.**	____**Medically underserved or residential risk** ____**Medical or behavioral risk** ____**Diabetes, ESRD**	**Y N**	
14. **NUTRITION and PHYSICAL ACTIVITY** ____I do NOT eat at least 5 servings of fruits and vegetables every day. ____I do not exercise for at least 30 minutes, on most days of the week. ___**Does not apply to me.**	____ **Above or significantly below ideal body weight.** ____ **>30% calories from fat**	**Y N**	
15. **ORAL HEALTH/HYGIENE** ____I am 20-39 yrs old and it has been more than 3 yrs since I saw a dentist.(ACS) ____I am 40 yrs old or over; it has been more than 1 yr since I saw a dentist.(ACS) ____I do not brush and floss my teeth every day, **or** ____I smoke or use tobacco. ___**Does not apply to me.**	**Date last dental exam:** _____	**Y N**	
16. **SKIN EXAMINATION** ____I or someone in my immediate family has had skin cancer. ____I have many moles, or I have one mole that is different or changing. ____I have spent a lot of time in the sun (work/play), or I have had many sunburns. ____I am 20-39 yrs old, it has been more than 3 yrs. since my last skin exam.(ACS) ____I am 40 yrs old or over, it has been more than 1 yr since my last exam.(ACS) ___**Does not apply to me.**	___**Immunosuppressed** ___**Light skin, hair, and eye color or freckles.**	**Y N**	
17. **SEXUALLY TRANSMITTED DISEASE (STD) and HIV Infection** (Gonorrhea, Chlamydia, Hepatitis, Syphilis, genital herpes, AIDS) ____At least **one** of the following applies to me: ("sex" includes oral and anal) *****Previous STD *****Multiple sex partners *****Unprotected sex *****Shared needles ___**Does not apply to me.**	**Date/Test:**_____ **Results:**_____ **Date/Test:**_____ **Results:**_____	**Y N**	

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18. **UNINTENDED PREGNANCY** (female of child-bearing age or adult male of any age) ___I am sexually active. ___I/we are not ready to have a baby, and are not using reliable birth control. ___**Does not apply to me.**	**Type of birth control:** _____	**Y N**	
19. **ALCOHOL and DRUG Use** ___I drink alcohol almost every day. What?_____How much?_____ ___ I have used "street drugs". What?_____ When?_____ ___I am still taking medicine for pain or "bad nerves" that I no longer have. ___I have had family or work problems because of drinking or drugs. ___**Does not apply to me.**	___**Male: > 2 drinks/day** ___**Female: > 1 drink/day** ___**Responds positively to a standard screening tool, such as CAGE.**	**Y N**	
20. **INJURY and ACCIDENTS** ___I do not always use a seatbelt when in a car, or a helmet when riding a bike. ___There are medicines, poisons, or guns in my home within reach of children. ___I do not have a working smoke detector in my home. ___I or my child(ren) have been abused recently (physical, verbal, or sexual). ___**Does not apply to me.**	___**Frequent/multiple trauma with no plausible explanation.** ___**Presents repeatedly with somatic episodes.**	**Y N**	

Please write questions for your doctor or nurse here:_____

_____

_____

_____

Name:_____ Date:_____

Reviewed with client:_____ Date:_____

(Clinician)

AHP-3/99